



Destination:
WORLD

Kids Holiday
Club 2017

St Peter's South Tamworth

Medical & Permission Form

Child's Name: _____

Does this child/or any of these children, suffer from any allergies? Yes No

If so, name of child & allergy: _____

Is this child/or any of these children, Asthmatic or Diabetic? Yes No

If so, name of child & allergy: _____

Please note any medication:

Can this child self-administer their medication? Yes No

Will the child bring medication on the day? Yes No

Are any special diets required? Yes No If so, explain: _____

Are there any restrictions from any activity? Yes No If so, explain: _____

Is there anyone who is legally restricted from this child/these children? Yes No

If so, please provide details: _____

Are there any other issues you believe we ought to be aware of, whilst taking care of this child/these children?

Please note things here, or speak with our registration team. _____

PLEASE READ, SIGN, AND DATE THE FOLLOWING:

My signature below indicates my willingness to permit my child/children:

- To participate fully in Destination: WOLRD Kids Holiday Club, undertaken by St Peter's Anglican Church Tamworth, at 34 Vera St from Monday 10th to Friday 14th of July, 2017, from 9am-12pm each day.
- I understand that photos and video will/may be taken during the course of the kids holiday club, for use in promotional material, in the context of supporting the ministry (e.g on a brochure for the group, in local papers) without identifying their name or details. I am willing for my child to be photographed/filmed in the appropriate setting over the course of the kids holiday club.
- In the unlikely case of illness or accident, I hereby give permission for any appropriate first aid to be given by the nominated first-aider. In an emergency, I give my permission to secure proper treatment for and/or hospitalisation, injection, anaesthetic, or surgery for my child/children as named. I understand that every effort will be made to contact me prior to instituting such procedures.
- I further authorise the use of an ambulance if in the leader's judgement it is necessary. I accept responsibility for payment of all expenses associated with such treatment.

Parent/Guardian's signature certifying acceptance of all these conditions:

Signed _____ Date _____

Name _____ Relationship to child/children _____